



MISSISSIPPI STATE DEPARTMENT OF HEALTH

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## Office of Preventive Health

### Health and Wellness Worksite Assessment

Program funded by the Centers for Disease Control and Prevention

<b>1.0 PRELIMINARY INFORMATION</b> ✓			
1.1 Name of Company: ✓			
<b>2.0 ORGANIZATIONAL DEMOGRAPHICS</b>			
2.1 Is the worksite self-insured for employee health and medical benefits? (circle the correct response) ✓ 1 Yes 0 No			
2.2 In which industrial sector is this worksite located? ✓			
1	manufacturing	7	construction
2	wholesale/retail/sale	8	education
3	services	9	government
4	transportation	10	health care
5	communication	11	Other (list):
6	agriculture		
2.4 As of the last payroll, and not counting temporary or seasonal employees, how many employees: ✓			
2.4.1	are female?		
2.4.2	are under 40?		
2.4.3	are Black?		
2.4.4	are White?		
2.4.5	are Hispanic?		
2.8 Does the worksite occupy more than one building? ✓ 1 Yes 0 No			
<b>3. SMOKING</b>			
3.1 Does the worksite have a <b>written smoke-free</b> work environment policy?* ✓ IF NO, SKIP TO QUESTIONS 3.2			
3.2 Does the worksite provide any type of incentives for being a non-smoker or quitting smoking? ✓			
<i>Incentives could include: improved benefit allowances (discounted health insurance, increased disability payments, additional life insurance), added vacation "well days" off, direct cash payments or bonuses, material prizes or awards, etc.</i>			
<b>4. NUTRITION</b>			
4.1 Does the worksite have vending machines in each building for employees to access food during working hours? ✓ If no, skip to question 4.2			

4.1.1	From observation of vending machine areas, please check the following options that are available in your building.		
Make sure to view ALL vending areas.			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>NOT REFRIGERATED</b></p> <p>_____ “Lite” Popcorn</p> <p>_____ Pretzels</p> <p>_____ Baked Chips</p> <p>_____ Low-fat Cereal Bars</p> <p>_____ Low-fat Granola Bars</p> <p>_____ Nuts</p> <p>_____ Raisins and Dried Fruit</p> </div> <div style="width: 45%;"> <p><b>REFRIGERATED</b></p> <p>_____ Tossed Salad with Reduced or Non-fat Dressing</p> <p>_____ Low-fat or Non-fat Yogurt</p> <p>_____ Tuna (water packed) with “Lite” Mayonnaise</p> <p>_____ Sandwiches made with Whole Grain Bread</p> <p>_____ Chicken, Turkey, Ham or Lean Roast Beef</p> <p>_____ Sandwiches (without mayo or cheese)</p> <p>_____ 100% Fruit Juice or Vegetable Juice</p> <p>_____ Skim or 1% Milk (white OR chocolate)</p> <p>_____ Fresh Fruit</p> <p>_____ Bottled Water</p> </div> </div> <p>_____ Other healthy selection based on criteria above (specify: _____)</p>			
*Were at least 2 of the above items checked? ( <i>circle the correct response</i> )			
4.1.2 Do the vendors provide labels to identify “healthy” foods?* (e.g., “Apples are healthy and low fat!”) <i>Note: This refers to information in addition to what is given on the product’s label. They are not messages attached to commercialized food packages such as statements like “lite”, “low fat” or “sugar free.”</i>			
4. NUTRITION, CONTINUED		YES	NO
4.2 Does the worksite have a cafeteria in your building? ✓ If no, skip to question 4.3 Obtain a copy of the cafeteria menu.			
4.2.2 Does the worksite provide labels to identify “healthy” foods in the cafeteria?*			
4.2.3 Does the worksite provide written policies that require healthy food preparation practices in each cafeteria (e.g., steaming, low fat/salt substitutes, limited frying)?* ✓			
4.3 Does the worksite encourage provision of nutritious food options at employee meetings? ✓			
5. PHYSICAL ACTIVITY		YES	NO
5.1 Does the worksite have an on-site exercise facility? If no, skip to question 5.3.			
5.1.1 Is the facility open at convenient times (before and after normal work hours, weekends)?			
5.1.2 Does it provide aerobic equipment (e.g., bikes) or facilities (track, pool)?			
5.1.3 Does the worksite promote the availability of the exercise facility?*			
5.1.4 Is the facility free for employees?			
5.2 Does the worksite subsidize (pay some of the costs of) an off-site exercise facility membership? ✓			
5.3 Does the worksite sponsor any employee sports teams? ✓			
5.4 Does the worksite provide or maintain outdoor exercise areas or playing fields outside each building for employees? ✓			
5.5 Does the worksite have a written policy statement supporting employee physical fitness?* ✓ <i>(e.g., policies that allow workers additional time off from lunch to exercise, walk breaks, stretching)</i>			

5.6 Does the worksite have a written flex-time policy which allows employees to be physically active during the work shift?* <span style="color: red;">✓</span> (E.G. <i>flex-time means employees can, for example, come in early so that they can extend lunch for physical activity</i> )		
5.6 Is the area surrounding each worksite building within one mile of a safe and pleasant place to walk, run, or bike?		
5.9 Does the worksite provide any incentives for engaging in physical activity? <span style="color: red;">✓</span> (e.g., <i>improved benefit allowances (discounted health insurance, additional life insurance), added vacation “well days” off, direct cash payments/bonuses, material prizes or awards, etc.</i> )		
5.10 Are there any stairways at your worksite building? If no, skip to question 6.1		
5.11.1 Are the stairways clean and safe?		
5.11.2 Are the stairways accessible and clearly marked?		
5.11.3 Has stairway use been promoted by the worksite in the last 12 months?*		
6. SCREENING OR ASSESSMENT	YES	NO
6.1 During the previous 24 months, has the worksite provided any of the following screenings or assessments (beyond pre-employment physicals): <span style="color: red;">✓</span> (If answering no to 6.1.1-6.1.6, go to section 7)		
6.1.1 blood pressure		
6.1.2 cholesterol		
6.1.3 blood glucose		
6.1.4 health risk appraisals		
6.1.5 fitness assessments		
6.1.6 weight, height and BMI		
6.2 If answered “Yes” to any of the questions in section 6.1, was the program: <span style="color: red;">✓</span> 6.2.1 Free to employees 6.2.2 Available to employee’s family members		
6.3 Who conducted the screening? <span style="color: red;">✓</span> Employee of worksite   Contractor   Public Health Department   Other: _____		
6.4 Does your worksite or health plan offer employee’s incentives to participate in health screenings or assessments? <span style="color: red;">✓</span>		
7. PROGRAMS/EDUCATIONAL MESSAGES	YES	NO
During the previous 24 months, did the worksite provide or promote insurance company-sponsored programs in the areas listed below? <span style="color: red;">✓</span>		
7.1.1 High blood pressure control		
7.1.2 High blood cholesterol control		
7.1.3 Diabetes		
7.1.4 Smoking Cessation		
7.1.5 Weight control or “healthy eating” counseling/advice		
7.1.6 Fitness (other than use of an exercise facility, e.g. walking programs)		
7.2 In the previous 12 months, has the worksite provided health and wellness messages to the general employee population, such as through posters, brochures, videos, etc. on any of the topics listed below?* <span style="color: red;">✓</span> 7.2.1 Signs and symptoms of heart attack 7.2.2 Signs and symptoms of stroke		

7.2.3 “Know your numbers” for blood pressure and cholesterol 7.2.4 Call 9-1-1 in case of an emergency 7.2.5 Smoking Cessation 7.2.6 Healthy Eating (weight control) 7.2.7 Exercise/ Physical Fitness		
7.3 If answered “Yes” to any of the questions in section 7.2, did the insurance provider offer discounted policy premiums for these messages? ✓		
7.4 Does the employer or the employer-sponsored health plan provide follow-up risk factor counseling and education for the following? ✓ 7.4.1 High blood pressure control / High blood cholesterol control 7.4.2 Diabetes 7.4.3 Smoking Cessation 7.4.4 Weight control or “healthy eating” counseling/advice 7.4.5 Fitness (other than use of an exercise facility, e.g. walking programs)		
8. ADMINISTRATIVE SUPPORT	YES	NO
8.1 Does the worksite have a wellness committee? ✓ IF NO, SKIP TO QUESTION 8.2		
8.1.1 Does the committee meet at least quarterly?		
8.1.2 Is it represented by a cross section of the workforce?		
8.1.3 Does it include at least one senior manager?		
8.1.4 Is there a written mission or goal statement for the committee?*		
8.1.5 Does the committee have a budget?		
8.2 Does the worksite link their employee wellness program to their overall business objectives? (written strategic plan)✓		
8.3 Does the worksite organizational mission statement contain references to improving/maintaining employee health?* ✓		
8.4 Does the worksite have an individual responsible for employee health and wellness programs? ✓ IF NO, SKIP TO QUESTION 8.4 8.3.1 Are at least half of his/her responsibilities devoted to health promotion? 8.3.2 Does the individual have a budget?		
8.5 Did the worksite complete an employee health needs assessment during the previous 24 months? ✓		
8.6 Does the worksite provide management support for worksite health promotion? For example, does the CEO/managers provide at least annual messages supporting health promotion (personal address, memo, newsletter article, etc.)? ✓		
8.7 Does the worksite offer members incentives to participate in lifestyle and behavior education/modification programs (e.g., no cost to members, discounts to fitness centers)? ✓		
8.8 Does the worksite measure/evaluate the return on investment (ROI) for health and wellness prevention efforts? ✓ IF NO, SKIP TO SECTION 9 8.8.1 How is ROI measured by your worksite? ✓     		

<b>9. AUTOMATED EXTERNAL DEFIBRILLATOR (AED)/BLOOD PRESSURE</b>	<b>YES</b>	<b>NO</b>
<p>9.3 Does your worksite have at least one AED on each floor/unit of your worksite? ✓          If yes, go to question 9.3.1          If no, go to question 9.4</p> <p>9.3.1 In the event of an emergency, can the AED(s) be administered by a trained employee within 5 minutes?</p> <p>9.3.2 Are there trainings available for <u>all</u> employees to learn how to use the AED? ✓</p> <p>9.3.3 Does the worksite have trained, designated employees on each floor/unit who will assist a person in need with an AED? ✓</p> <p>9.3.4 Does the worksite require that somebody with AED training be on-site on each floor/unit at all times? ✓</p> <p>9.3.5 Is there a dedicated employee to conduct monthly maintenance? ✓</p> <p>9.3.6 Has your worksite registered the AED(s) with your local Emergency Medical Service (EMS) and/or other entities required by ordinance, such as a local city AED registry? ✓</p>		
9.4 Outside of screening events, does your worksite have permanent on-site access for an employee to check their blood pressure? ✓		
<b>10. Lactation</b>		
10.1 Is there a designated room for breastfeeding employees to express their milk?		
10.2 Are paid breaks provided for breastfeeding employees to express their milk?		
10.3 Is breastfeeding promoted among its employees?		
10.4 Are breast pumps and refrigeration provided for breastfeeding employees?		
<b>11. Program Evaluation of Wellness Program/Activities</b>		
11.1. Does the worksite conduct program evaluation of wellness programs/activities? ✓		
12. Are you interested in attending a free health and wellness workshop/luncheon to learn more about policies and programs that your company can implement to reduce chronic disease risk factors among your workforce and consequently decrease employee sick days, increase employee productivity and subsequently, lower your health care costs?		
13. Would you like for us to conduct a free worksite health screening and educational program for your employees?		